

WHAT IS THE MONTANA DIABETES PROJECT AND HOW CAN WE BE CONTACTED:

The Montana Diabetes Project is funded through a cooperative agreement with the Centers for Disease Control and Prevention, Division of Diabetes Translation (U32/CCU815663-02). The mission of the Diabetes Project is to reduce the burden of diabetes and its complications among Montanans. Our web page can be accessed at <http://ahec.msu.montana.edu/diabetes/default.htm>.

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MONTANA DIABETES SURVEILLANCE & CLINICAL COMMUNICATION



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Chronic Disease Prevention and Health Promotion Program
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THE MONTANA TOBACCO QUIT LINE: A NEW STATEWIDE RESOURCE TO HELP PEOPLE QUIT TOBACCO

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WHAT IS THE MONTANA TOBACCO QUIT LINE?

The Quit Line is a new resource available to anyone who uses tobacco and for their family and friends. It is funded through the Montana Department of Public Health and Human Services and all services are offered free of charge to callers.

THE QUIT LINE CAN HELP ...

- ◆ Those ready to quit smoking (or chewing)
- ◆ Those thinking about quitting but who aren't quite ready yet
- ◆ Those who need help to stay tobacco-free
- ◆ Someone you care about to quit using tobacco

THE QUIT LINE OFFERS ...

- ◆ Free quitting information
- ◆ One-on-one telephone counseling
- ◆ Customized quitting plan
- ◆ A quit kit
- ◆ Referrals to local smoking cessation resources
- ◆ Help staying tobacco free

MONTANA TOBACCO QUIT LINE

1-877-612-1585

Toll Free

QUIT LINE HOURS

Monday to Thursday: 9:00 am – 8:00 pm

Friday: 9:00 am – 5:00 pm

Saturday: 9:00 am – 1:00 pm

During times when the quit line is not in operation, the caller can leave a message and their call will be returned within one business day.

Health care professionals can request a Quit Kit for their own information, and are encouraged to call and speak to either a counselor or supervisor to answer questions about the services provided by the Quit Line. Depending on need, Quit Line staff may be available to offer useful counseling tips to health care professionals to promote cessation among their patients.

For more information about the Quit Line please contact Georgiana Gulden, RN, at the Montana Tobacco Use Prevention Program 406-444-9617 or by e-mail ggulden@state.mt.us. To order Quit Line brochures or posters or to receive Health Care Professional referral kits please contact the MTUPP Communications Coordinator, Cindy Lewis at 406-443-2545 or clewis@mt.net.

SMOKING IN MONTANANS WITH AND WITHOUT DIABETES

BACKGROUND:

The adverse health consequences of smoking and the ongoing impact of tobacco-related illness in the United States have been well documented.¹ Smoking cessation and smoking prevention are major clinical and public health concerns.² For individuals with diabetes, smoking is particularly harmful. Cardiovascular disease is two to four-fold more common in diabetic individuals than those with normal glucose tolerance.³ For individuals with diabetes, smoking is another independent risk factor for heart disease in those already at high risk.⁴ Smoking aggravates peripheral vascular disease

For individuals with diabetes, smoking is particularly damaging because ...

- ◆ Persons with diabetes are at very high risk for cardiovascular disease.
- ◆ Smoking is another independent risk factor for heart disease in those already at high risk.
- ◆ Smoking aggravates peripheral vascular disease predisposing persons with diabetes to lower extremity amputations.
- ◆ Smoking also accelerates diabetic complications: kidney disease, neuropathy, and retinopathy.

predisposing persons with diabetes to lower extremity amputations.⁵ Smoking has also been shown to accelerate the progression of diabetic nephropathy (kidney disease), neuropathy (numbness and loss of sensation), and retinopathy (eye disease).⁴ Smoking among individuals with any history of cardiovascular disease is also a serious problem both for those with or

without a history of diabetes.⁶ The Montana Tobacco Use Prevention Program (MTUPP), through funding from the tobacco settlement, has developed new programs to help Montanans and their health care providers deal with this major health hazard. This report summarizes information from adult Montanans overall as well as Montana American Indians regarding smoking among individuals with and without diabetes.

METHODS:

The Montana DPHHS conducts an annual Behavioral Risk Factor Surveillance System (BRFSS) telephone survey of a random sample of adult Montanans aged ≥ 18 years. The survey includes questions regarding demographic information, health behaviors, and disease status and is conducted by a trained interview team. From 1995 through 1999, 8,400 adults were surveyed. Montana DPHHS also conducted a BRFSS survey of American Indian adults living on or near the seven reservations in 1999. Households with three-digit telephone prefixes, located on or near Montana's seven Indian reservations were included in this survey. The number of completed telephone calls was proportional to the number of adult American Indians living on each reservation (based on the 1990 Census). Persons aged ≥ 18 years who reported being American Indian were eligible to participate in the survey. A total of 1,000 surveys of American Indian adults were completed.

Both surveys included the same questions regarding demographics, chronic diseases, cigarette use and cessation attempts. Respondents were asked if they had ever been told by a physician that they had diabetes. Respondents were also asked "Have you ever smoked at least 100 cigarettes in your entire life?" Those responding "yes" were asked, "Do you now smoke cigarettes every-day, some days or not at all?" Those reporting daily cigarette use were also asked "During the past 12 months, have you stopped smoking for at least one day?" Crude unweighted prevalence estimates of cigarette smoking and cessation attempts were calculated for Montana adults overall and among American Indians, by age, sex and diabetes status.

RESULTS:

Montana BRFSS respondents were older than Indian BRFSS respondents (Table 1). However, there were no differences by sex. The prevalence of diabetes was approximately three-fold higher among Indian BRFSS

respondents compared to Montana BRFSS respondents. Indians were also more likely to report ever smoking cigarettes, currently smoking, and trying to quit in the past year compared to the Montana BRFSS respondents.

Montana BRFSS respondents with diabetes (17%) and without diabetes (22%) reported smoking at similar rates (Figure 1). Among American Indian BRFSS respondents, the prevalence of current smoking among those with diabetes (34%) and without diabetes (39%) was also similar (Figure 1), however, these rates were approximately two-fold higher than for Montana BRFSS respondents overall. These patterns remained when stratifying by sex and age (Figures 2-3).

A large proportion (>40%) of Montana and American Indian BRFSS respondents with and without diabetes who currently smoked every day reported that they had quit smoking for at least one day in the past year (Figure 4).

CONCLUSIONS:

Smoking is a very serious health hazard to Montanans, particularly those with diabetes. **Seventeen percent** of Montanans with diabetes and **34%** of American Indians with diabetes reported current smoking. Over 40% from both groups had tried to quit in the past

Table 1. Characteristics of respondents to the Montana BRFSS (1995-1999) and the American Indian BRFSS (1999) surveys.

	Montana BRFSS 1995-1999 (N=8,400) No. (%)	American Indian BRFSS 1999 (N=1,000) No. (%)
Age<45 years	4,030 (48)	598 (60)
Sex - Female	4,790 (57)	572 (57)
Race		
White	7,932 (95)	0 (0)
American Indian	288(3)	1,000 (100)
Diabetes	358 (4)	122 (12)
Ever smoked cigarettes	4,131 (49)	665 (67)
Currently smoke cigarettes	1,830 (22)	380 (38)
Quit smoking for one or more days in the past year*	726 (46)	277 (73)

*Includes persons who reported smoking cigarettes everyday.

FIGURE 1 Prevalence of cigarette smoking among respondents to the Montana BRFSS (1995-1999) and the American Indian BRFSS (1999) surveys, by diabetes status.

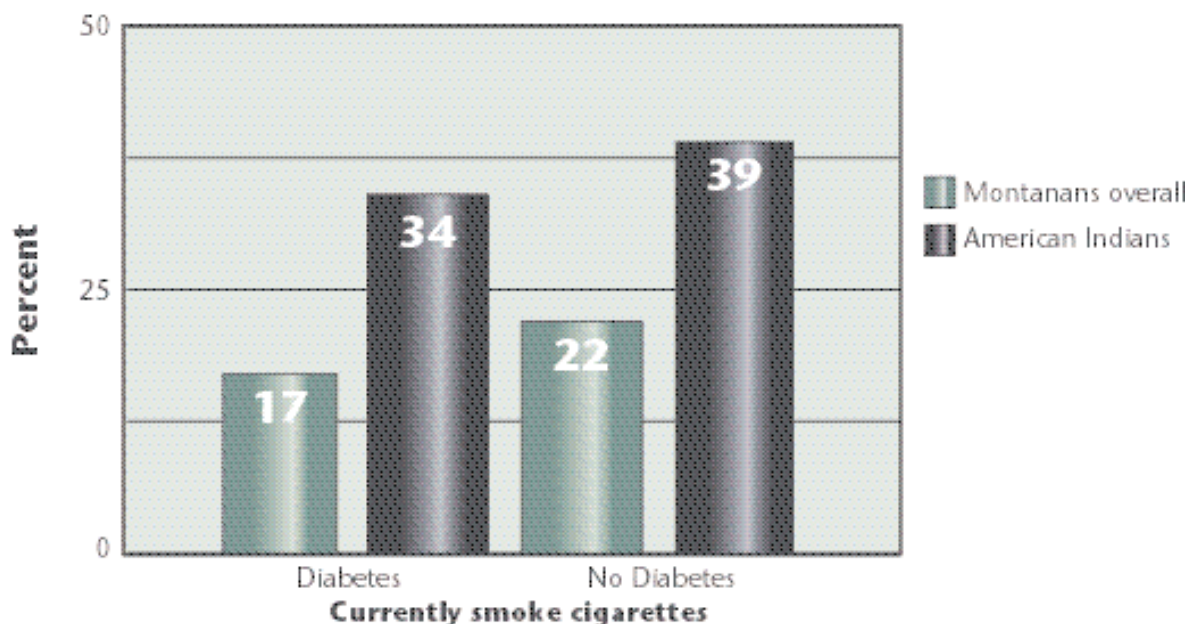


FIGURE 2 Prevalence of cigarette smoking among respondents to the Montana BRFSS (1995-1999) and the American Indian BRFSS (1999) surveys, by sex and diabetes status.

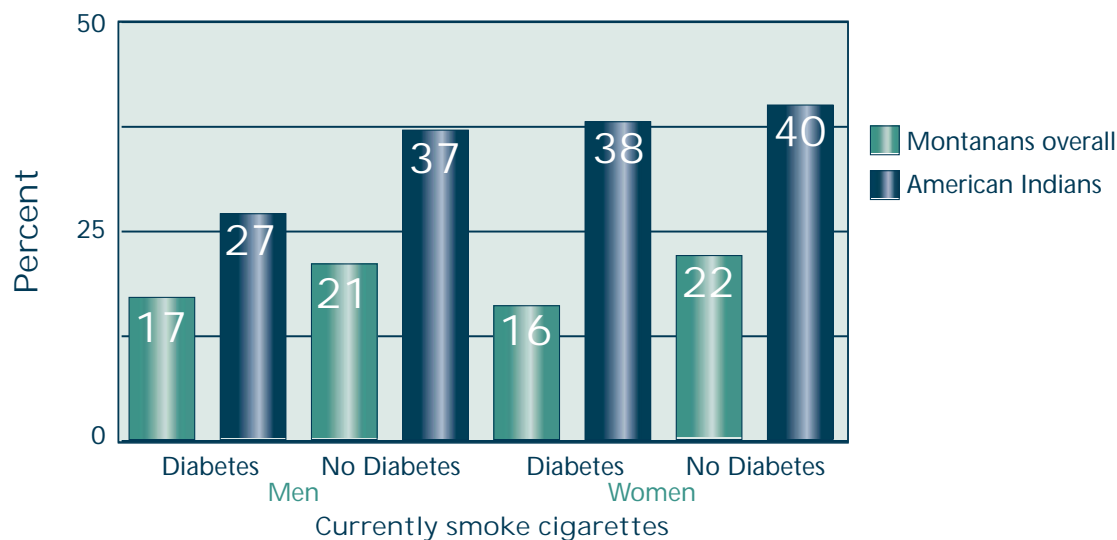


FIGURE 3 Prevalence of cigarette smoking among respondents to the Montana BRFSS (1995-1999) and the American Indian BRFSS (1999) surveys, by age and diabetes status.

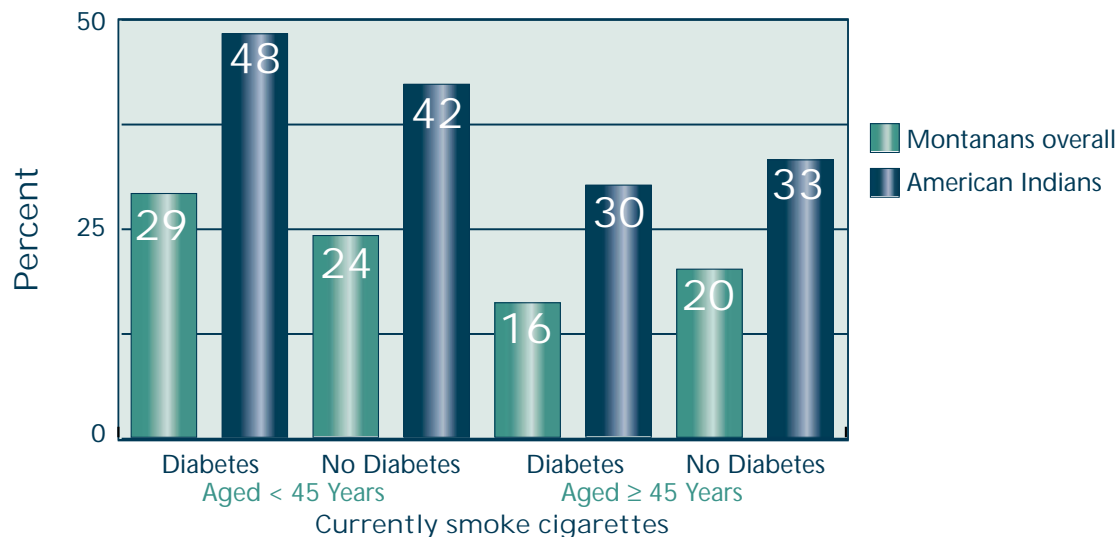
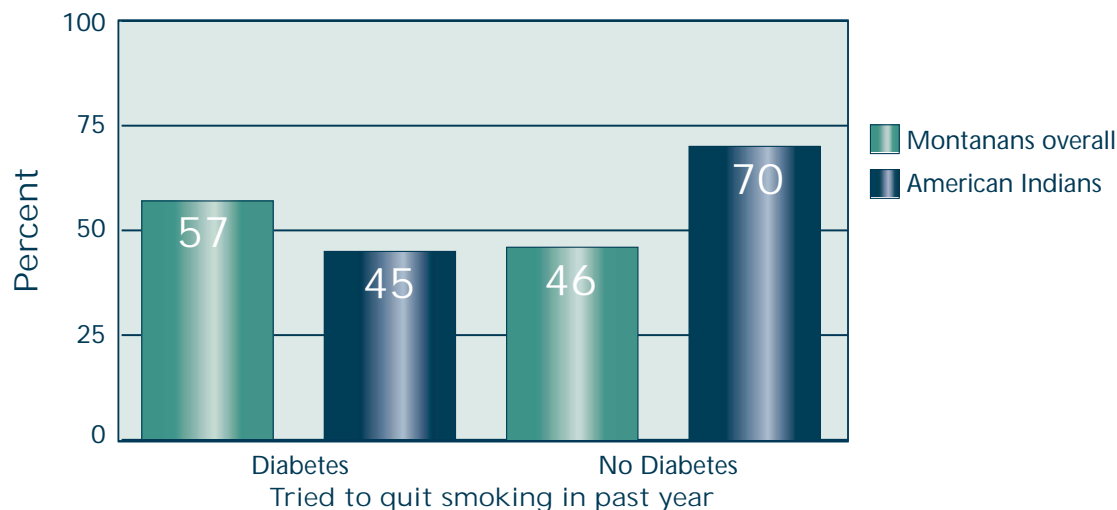


FIGURE 4 Percent of respondents who quit smoking cigarettes on one or more days in the past year from the Montana BRFSS (1995-1999) and the American Indian BRFSS (1999) surveys, by diabetes status.



year. There are a number of successful options available to help persons who smoke or chew tobacco to quit and to assist their health care providers to promote this healthier behavior. Guidelines issued by the U.S. Department of Health and Human Services can help clinicians working in primary care utilize appropriate techniques to promote cessation.^{7,8} Successful strategies are displayed below and include smoking cessation hot-lines and quit lines.⁸ A successful smoking cessation program for patients with diabetes utilizing a nurse case manager was recently described.⁹

Main Findings and Summary:

- ◆ Montanans overall as well as Montana's American Indians with diagnosed diabetes smoke at similar rates compared to those without diabetes.
- ◆ The prevalence of cigarette smoking among Montana's Indians with and without diabetes is approximately 2 times higher than Montanans overall.
- ◆ Almost half of those who currently smoke tried to quit in the past year.
- ◆ Individuals with a diagnosis of diabetes in Montana attempted to quit smoking for at least one day in the past year at the same rate as those without diabetes.

Action to promote cessation for all Montanans is needed and particular encouragement is needed for those with diabetes. Successful strategies include:

- ◆ Screen and assess patients at each opportunity to promote cessation using techniques such as; Ask about tobacco use; Advise to quit; Assess willingness to quit; Assist with quitting; Arrange follow-up
- ◆ Pharmacotherapy
- ◆ Refer to cessation programs including counseling and behavioral therapy programs
- ◆ Refer to the Montana quit line (call toll free 1-877-612-1585)

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UPCOMING EVENTS:

The 2001 Annual Diabetes Conference has been scheduled for October 19 and 20 of 2001. This year the conference will be held at the Holiday Inn - Parkside in Missoula. Please mark your calendars.

The UM School of Pharmacy and Allied Health Sciences is offering a Diabetes Care Certificate Program for pharmacists and other allied health professionals which consists of a home study course (1.6 CEUs), seminar/workshop via METNET on March 25th (0.72 CEUs), and a post-seminar assignment (0.4 CEUs). For further information, please contact Kate Boilek at (406) 243-2094.

For those doing diabetes education...the Montana Diabetes Project has a self-study and peer-mentoring program for those interested in maintaining or improving their diabetes education skills. For more information, contact the Montana Diabetes Project office at 444-6677.